






United States Bankruptcy Court  
61288, Houston TX 77208SOUTHERN DISTRICT OF TEXAS P.O.Box  
(Houston Division)

PROOF OF CLAIM

Name of Debtors  <input checked="" type="checkbox"/> Stage Stores, Inc., a Delaware corporation <input checked="" type="checkbox"/> Specialty Retailers, Inc., a Texas corporation <input type="checkbox"/> Specialty Retailers, Inc. (NV), a Nevada corporation  <small>*place an "x" beside the name of the Debtor you are filing a claim against</small>		Case Number  00-35078-H2-11 00-35079-H2-11 00-35080-H2-11		Creditor ID#: 788-33414	
Name of Creditor (The person or other entity to whom the debtor owes money or property):  Kcks Fm — Radio		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.			
Name and address where notices should be sent:  *****AUTO**ALL FOR AADC 670 Kcks Fm PO Box 629 Concordia KS 66901-0629  		<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.			
Account or other number by which creditor identifies debtor:		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____			
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below)  Your SS#: _____  Unpaid compensation for services performed from <u>Jan 00</u> to <u>June 25-00</u> <small>(date) (date)</small>			
<b>2. Date debt was incurred:</b> <u>thru 6-25-00</u>		<b>3. If court judgment, date obtained:</b>			
<b>4. Total Amount of Claim at Time Case Filed:</b> \$ <u>1222.64</u> — <u>7</u> total for Am/Am <small>If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.</small> <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.					
<b>5. Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).  Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other All personal and intangible property of Debtor's Estate  Value of Collateral: \$ _____  Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____			<b>6. Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300), * earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)-_____. <small>*Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>		
<b>7. Credits:</b> - The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.			This Space Is for Court Use Only		
<b>8. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.					
<b>9. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.					
Date <u>6/26/00</u>		Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):  <u>Joe Jindra</u>			
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.					

KNCK / KCKS-FM  
 BOX 629  
 CONCORDIA KS 66901

785-243-1414

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 \* S T A T E M E N T \*  
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STAGE STORES  
 REYNOLDS MEDIA SVC  
 2425 FOUNTAINVIEW #355  
 HOUSTON, TEXAS 77057

Date  
 06/26/00

Client  
 Number  
 2 - 46

Bill Cycle: Std Broadcast Sales Staff # 1: HOUSE

Ref #	Posted	Qty	Description	Gross	Agy Disc	Tax	Amount	Balance
			Balance Forward					852.14
60801	06/25	15	KNCK-AM Commercials	185.25		0.00	185.25	1037.39
60801	06/25	15	KCKS-FM Commercials	185.25		0.00	185.25	1222.64
Balance Due:								\$1,222.64

Payment due: 07/15/00

Last Pymt	Aging Analysis:				
05/11	0-30	31-60	61-90	91-120	121+ Days
	\$370.50	\$370.50	\$370.50	\$55.56	\$55.58

1.5% INTEREST CHARGED MONTHLY ON UNPAID BALANCE  
 BILLING PERIOD MAY 29 THRU JUNE 25, 2000